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PTO/SB/01 (10-00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number			
		First Named Inventor			
		COMPLETE IF KNOWN			
		Application Number			
Declaration		Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date		
	OR		Group Art Unit		
			Examiner Name		

As a below named inventor, I hereb	y declare that:					
	My residence, mailing address, and citizenship are as stated below next to my name.					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SYSTEM AND METHOD FOR TRANSMITTING GUSTOMIZED MULTI-PRIORITY						
SERVICES ON A SINGLE OR MULTIPLE LINKS OVER DATA LINK LAYER FRANCES (Title of the Invention)						
the specification of which						
is attached hereto	/	/ as United St	tates Application N	lumber or PC	T International	
was filed on (MM/DD/YYYY)		<u> </u>	/	1		
Application Number	and was a	mended on (MM/DD/YY)	m [/		(if applicable).	
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)			opy Attached? NO	
			0000	7890		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Dat	te (MM/DD/YYYY)	Additional provisional application			
60/220,491 07/24		= 1000	numbers are listed on/a supplemental priority/data sheet PTO/SB/02B attached hereto.			

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label	OR Correspondence address below				
Name SHAKEEL MUSTAFA					
Address 15520 TUSTIN VI	LLAGE WAY				
Address $Apt # 2$					
city TUSTIN	State CA ZIP 92780				
Country USA Telephone 7/	4-541-3322 Fax 714-541-3322				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:	A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) SHAKEEL	Family Name or Surname MUSTAFA				
Inventor's Signature Nakee My	State Date 11/28/2000				
Residence: City TUSTIN State	CA Country (ISA Citizenship PAKISTAN				
Mailing Address 15520 Tustin Village way					
Mailing Address Apt. #2	o O				
city TUSTIN State CA	ZIP 92780 Country USA				
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])	Family Name or Surname				
Inventor's Signature	Date				
Residence: City State	Country Citizenship				
Mailing Address					
Mailing Address					
City State	ZIP Country				
Additional inventors are being named on thesupplemental A	dditional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				